

Foster Family Home - Corrective Action Report

Provider ID: 1-160021

Home Name: Yeun Sil Park, CNA

Review ID: 1-160021-6

98-356 Puaalii Street

Reviewer: David Ayling

Aiea

HI 96701

Begin Date: 3/14/2019

Foster Family Home

Required Certificate

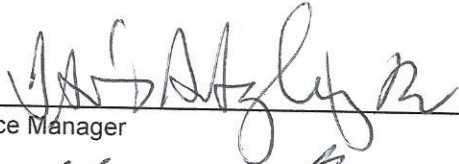
[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 3/14/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

3/14/19
Date

3/14/19
Date